



Long-term Disability Plan: Certification of Prior Coverage

INSTRUCTIONS

Automatic enrollment in the Long-term Disability (LTD) plan occurs after one year of employment at Vanderbilt for eligible faculty and staff. You can waive the waiting period if you were covered by another group LTD plan within 90 days prior to coming to work at Vanderbilt.

To do so:

1. You complete Section 1: Employee Information
2. Have your previous employer complete Section 2: Information about previous coverage
3. Return completed form to the Benefits Office within 90 days of your hire date

If approved, full long-term disability coverage will be effective on your hire date. Any missed LTD premiums will be collected from future paychecks. *Please note*, if you should become disabled within the first 12 months of coverage, you may be asked to provide your prior plan's LTD Certificate of Coverage.

Section 1: EMPLOYEE INFORMATION *(Please print clearly)*

Employee ID or SSN	Last Name	First Name	M.I.	Date of Birth
Home Mailing Address		City	State	Zip
Work Phone Number	Home Phone Number	Email		

Section 2: INFORMATION ABOUT PREVIOUS COVERAGE

(To be completed by an authorized representative of your previous employer)

I hereby certify that employee mentioned above was previously employed by

_____ (Name of Employer)

and was covered under the group long term disability program as indicated below:

INSURANCE COMPANY: _____

DATE COVERAGE BEGAN: _____

DATE COVERAGE TERMINATED: _____

Signature of authorized representative

Date

Title

Phone Number

Mail completed original form to Vanderbilt HR or deliver in person to HR Express.

HR Use Only

Mailing Address:
Vanderbilt HR - Benefits
PMB #407704
2301 Vanderbilt Place
Nashville, TN 37240-7704

Email: benefits@vanderbilt.edu

ID # _____
Pay Group _____
Eff Date _____
Approved by _____
Date Received in HR